



MONTH OF _____, 20____

FEDERAL IDENTIFICATION NUMBER

ZIP CODE

[illegible]

If you have questions or need assistance in completing this form, please call (573) 751-7163 or email excise@dor.mo.gov. You may also obtain this form from the department's web site at: www.dor.mo.gov/tax/business/tobacco/forms/. TDD (800) 735-2966

I, THE UNDERSIGNED LEGAL REPRESENTATIVE OF THE ABOVE-NAMED COMMON CARRIER, STATE UPON MY OATH THAT THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE

COMMON CARRIER MONTHLY REPORT CIGARETTE TAX (CONTINUED)[illegible]